

SERVICE ACADEMY NOMINATION APPLICATION
SENATOR KIRSTEN E. GILLIBRAND

PLEASE TYPE OR PRINT LEGIBLY

Contact Information

Name: _____

Last, First MI

Date of Birth: ____/____/____ Place of Birth: _____

Social Security #: ____ - ____ - ____

Current Address:

Street

Street

City State Zip County

Day Phone: _____ Night Phone: _____

Email address: _____

Permanent Address:

Street

Street

City State Zip

Academy Preference

Please state your first choice and an alternate. If you do not wish to be considered for an alternate, leave that space blank.

First Choice _____

Alternate _____

PLEASE DESCRIBE RELEVANT MILITARY EXPERIENCE FOR YOU AND YOUR IMMEDIATE FAMILY MEMBERS: _____

I have also applied to the following sources for a nomination:

REPRESENTATIVE: _____

SENATOR SCHUMER: _____

VICE-PRESIDENT: _____

PRESIDENT: _____

ROTC/ JROTC: _____

Education

High School(s): _____ Location: _____
City/State

Date of Graduation: ____/____/____

Class Rank: ____ out of ____ GPA: _____ (Circle: weighted/unweighted)

Please list all SAT and/or ACT scores and dates taken:

College (if applicable): _____ Location: _____
City/State

GPA: _____ Major/Minor: _____

Extracurricular Activities/Honors/Awards/Sports (attach additional pages if needed):

Certification

My statements on this form and any attachments to it are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly falsifying these answers will lead to the rejection of my application.

Signature

Date